

Study of Severity of Distress in Breast Cancer Patients Undergoing Multimodality Treatment.

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ABSTRACT

Background: Breast cancer is the most common cancer among women accounting for 41 per 1,00,000 population in Delhi, followed by Chennai (37.9), Bangalore (34.4) and Thiruvananthapuram (33.7) district. The aim of the present study is to find the severity of distress in cancer patients and the factors influencing it. **Methods:** All eligible patients (N = 58) were screened for distress on NCCN (National Comprehensive Cancer Network) distress thermometer scale. Once the cancer care team identifies those patients having problems in certain areas, they work with them to address those concerns and can refer to other health care professionals, like a social worker, nutritionist, or chaplain, if needed. Most people can use this scale to rate their distress in a way that helps the cancer care team. If the response is 4 or above, he would likely have a moderate-to-high degree of distress. The doctor and/or cancer care team would find out more and offer some help with the distress. **Results:** Emotional problems were encountered in 98.27% of patients. Practical problems were encountered in 82.75% of patients. Family problems were encountered in 43.1% of patients. Most of the patients included in this study group were in the age group of 31 to 60 years. **Conclusion:** Patients with Breast cancer need support from cancer care treatment in every aspect. Screening plays an important tool to reduce the incidence of Breast cancer.

Keywords: Breast cancer, Distress.

INTRODUCTION

Breast cancer is the most common cancer among women accounting for 41 per 1,00,000 population in Delhi, followed by Chennai (37.9), Bangalore (34.4) and Thiruvananthapuram (33.7) district. Our institutional statistics in 2016 showed that 27.4% of women cancers belong to breast cancer.

Distress is “a multi-factorial unpleasant emotional experience which extends along a continuum, ranging from common normal feelings of vulnerability, sadness, and fear to problems that can become disabling, such as depression, anxiety, panic, social isolation, and existential and spiritual crisis”.^[1] Emotional reactions, including distress, are normal when facing cancer. Distress becomes clinically significant only when it interferes with the patient’s general functioning, with their anticancer treatment, or with their progress in cancer care.^[2] The clinical significance of distress can be influenced by many factors, such as disease characteristics (that is, the type of cancer), individual factors (the patient’s personality), and other factors

(for example, social supports).^[2] Treatment can be effective if patients in need are identified and severe distress requires intervention lest it will decrease the quality of the patient’s life drastically.^[3]

The aim of the present study is to find the severity of distress in cancer patients and the factors influencing it and also to understand how commonly different factors like physical, emotional, psychosocial and cultural factors influence the severity of distress.

MATERIAL AND METHODS

This study was done at Government medical college and general hospital, Department of Radiotherapy, Anantapuramu, Andhra Pradesh. Informed consent was taken from all breast cancer patients undergoing multimodality cancer treatment (Surgery, radiotherapy & Chemotherapy). All eligible patients (N = 58) were screened for distress on NCCN (National Comprehensive Cancer Network) distress thermometer scale.

All the patients with a score of 4 and above on screening NCCN distress thermometer scale were enrolled to further administer the detailed NCCN distress thermometer scale. Once the cancer care team identifies those patients having problems in certain areas, they work with them to address those concerns and can refer to other health care professionals, like a social worker, nutritionist, or chaplain, if needed.

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A social worker can help with the practical, family, and emotional issues. A mental health counselor, psychologist, psychiatrist, psychiatric social worker, or psychiatric nurse may also be able to help patients with painful emotions. A pastoral care counselor or chaplain is skilled in helping with spiritual concerns. If patient's distress is mild, the cancer care team may choose to work with them or recommend a support group.

Sometimes it's hard to talk about distress in a way that helps cancer care team understand how much distress a particular cancer patient is having and how it's affecting them. There's a distress tool that's much like a pain scale to help measure the distress.

The pain scale works like this: subjects might be asked, "How is your pain right now on a scale from 0 to 10, with 0 being no pain and 10 the worst pain you can imagine?" This has proved to be a helpful way to measure pain. A score above 5 is a sign of significant pain, and tells the cancer care team that the patient needs more help to manage it. In cancer care teams also, distress can be measured in the same way, using 0 to 10 scale. Just as with the pain scale, patients were asked to choose a number from 0 to 10 that reflects how much distress particular subject feels today and how much he felt over the past week. Ten is the highest level of distress one can imagine, and 0 is no distress. Most people can use this scale to rate their distress in a way that helps the cancer care team. If the response is 4 or above, he would likely have a moderate-to-high degree of distress. The doctor and/or cancer care team would find out more and offer some help with the distress.

Not only this tool helps the team in identifying emotional health, but it also gives the patients a chance to talk and work out problems during following visits. Surveys done in cancer clinics have shown that up to 4 in 10 patients have significant levels of distress.

Exclusion criteria

1. Cognitively impaired
2. Who have difficulty in communication
3. Who are in severe distress
4. Who refused to give consent

RESULTS

Out of four distresses causing factors physical problems were encountered in 100% of patients. Emotional problems were encountered in 98.27% of patients. Practical problems were encountered in 82.75% of patients. Family problems were encountered in 43.1% of patients. Most of the patients included in this study group were in the age group of 31 to 60 years (48) [Figure 1].

Among physical problems pain and appearance scores the highest (82.7%) followed by nausea (79.3%) [Table 2]. Among emotional problems depression scores the highest (84.5%) followed by

worry (82.75%) and fear (81.03%) about the disease and prognosis. Among practical problems transportation (58.62%) scores the highest followed by finances (53.45%). Among family problems dealing with partner and children were not significant (29.31, 22.41 respectively) [Figure 2-4].

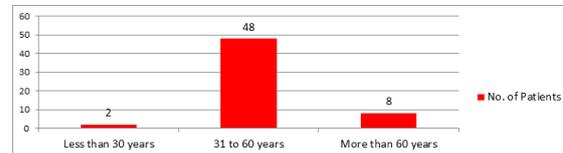


Figure 1: Age distribution of Breast cancer patients.

Table 2: Prevalence of Physical problems.

Physical problems	No. of patients	Percentage (n=58)
Appearance	48	82.7%
Bathing/Dressing	12	20.6%
Breathing	05	8.6%
Changes in urination	02	3.4%
Constipation	14	24.1%
Diarrhoea	15	25.8%
Eating	30	51.7%
Fatigue	38	65.5%
Feeling swollen	01	1.7%
Fever	06	10.3%
Indigestion	18	31%
Memory concentration	12	20.6%
Mouth sores	32	55.1%
Nausea	46	79.3%
Nose congestion	04	6.8%
Pain	48	82.7%
Sexual problems	38	65.5%
Dry skin	30	51.7%
Sleep	30	51.7%
Tingling in hands	12	20.6%

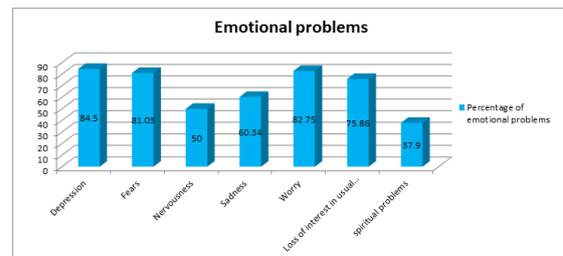


Figure 2: Assessment of emotional problems influencing the severity of distress.

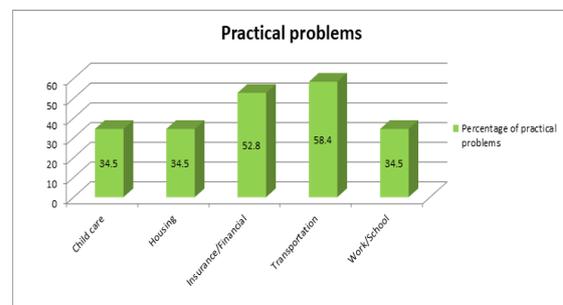


Figure 3: Assessment of practical problems influencing the severity of distress.

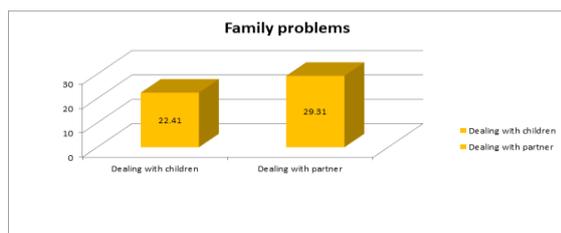


Figure 4: Assessment of family problems influencing the severity of distress.

DISCUSSION

Screening for Distress

Screening is a quick examination of the domains of interest to identify patients who might require or benefit from additional services. Referral, comprehensive assessment, or intervention by a more specialized health care professional can then be arranged if necessary.^[4-6] It also allows for follow-up and coordination of appropriate services, and it increases outreach to patients.^[6-9]

Screening for and treating distress has been shown to save the health care system 20% of costs for patients receiving medical care, although it was noted that improved screening is necessary.^[10] It is estimated that only 10%–15% of patients would benefit from complex psychosocial care, that 35%–40% could be benefit from a basic psychosocial intervention, and that 30% could benefit from slightly more resources, such as education. Screening would help to identify those patients.

Physical factors

As per information given by breast cancer.net, from comprehensive breast cancer information USA, approximately 61% of breast cancer patients report that they experience some degree of sleep disturbance during chemotherapy or radiation therapy. These problems included night sweats, coughing, difficulty falling asleep or staying asleep, restless legs, snoring, and excessive nocturia, or getting up to urinate during the night. Some patients experience difficulty with memory and concentration during chemotherapy, which is sometimes called “chemobrain”. Previously it was thought to be a result of stress during therapy, but new imaging technology has shown that there are actually neurological changes in the brain as a response to chemotherapy.^[11] Other factors that contribute to memory problems and inability to concentrate are depression, stress, sleep deprivation and hormonal changes.

In our study Out of four distress causing factors, physical problems were encountered in 100% of patients. Among physical problems pain and appearance scores the highest (82.7%) followed by nausea (79.3%).

Psychological and emotional problems

Normally, a patient’s initial emotional response to a diagnosis of cancer is brief, extending over several days to weeks, and may include feelings of disbelief,

denial, or despair. This normal response is part of a spectrum of depressive symptoms that range from normal sadness to adjustment disorder with depressed mood to major depression [12]. Other syndromes described include dysthymia and subsyndromal depression (also called minor depression or subclinical depression). Dysthymia is a chronic mood disorder in which a depressed mood is present on more days than not for at least 2 years. In contrast, subsyndromal depression is an acute mood disorder that is less severe (some, but not all, diagnostic symptoms present) than major depression. In our study among emotional problems depression (both major and minor) scores the highest (84.5%) followed by worry (82.75%) and fear (81.03%) about the disease and prognosis.

Practical problems

Various practical problems encountered by breast cancer patients in our study include transportation. Most of the cancer treatment services are available only at capital city and major districts. At present Subjects come from adjacent districts like kadapa, Kurnool and various mandals of Anantapuramu district. It will take atleast 3 to 4 hours of transportation by bus to reach city and they has to take an auto rikshaw to reach cancer hospital daily to take radiation for 25 days as an outpatient. One of the family member has to attend along with the patient leading to loss of wages of family member for a period of one month along with financial burden and physical problem of transportation. In our study among practical problems of transportation accounts for 58.62%, scores the highest followed by finances 53.45%, child care and housing.

Family problems

Various family problems faced by breast cancer patients undergoing cancer treatment include non cooperation from in-laws and husband. Some of the in-laws and spouse these subjects think that this can be transmitted to other family members too. In our study among family problems dealing with partner accounted for 29.31% and dealing with children accounted for 22.41%.

Another part of the distress tool is the Problem List, or a list of things that may be causing distress. For this, patient reads through a list of common problems and mark possible reasons for the distress. This helps cancer care team know where patient can get the best help required. The list of physical problems helps the patients remember those that they should tell the treatment team about.

CONCLUSION

In the present study, Out of four distresses causing factors physical problems were encountered in 100% of patients. Emotional problems were encountered in 98.27% of patients. Practical problems were encountered in 82.75% of patients. Family problems were encountered in 43.1% of patients. Most of the

patients were adults and complained of appearance, nausea, fatigue, sexual problems as most common physical problems. Patients with Breast cancer need support from cancer care treatment in every aspect. Screening plays an important tool to reduce the incidence of Breast cancer.

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